

Recipient Committee
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-00
through 6-30-00

Date of election if applicable:
(Month, Day, Year)

N/A

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

☐ Officeholder, Candidate
Controlled Committee

(Also Complete Part 4.)

☐ Ballot Measure Committee

☐ Primarily Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 5.)

☒ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 6.)

☒ General Purpose Committee

☒ Sponsored
☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

96-2479

COMMITTEE NAME

Lodi Fire Fighters PAC

STREET ADDRESS (NO P.O. BOX)

217 W. Elm

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

209-333-6776

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1841

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

209-333-6776

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

EVAN LUKE

MAILING ADDRESS

P.O. Box 1841

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

209-333-6776

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee
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COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-27-00
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in Ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Firefighters PAC

Statement covers period
from 1-1-00

through 6-30-00

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I.D. NUMBER

96-2479

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ _____	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 7	_____	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1484</u> <u>96</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1484</u> <u>96</u>

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See Instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>0</u>

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>0</u>
21. Expenditures Made	\$ <u>0</u>	<u>0</u>